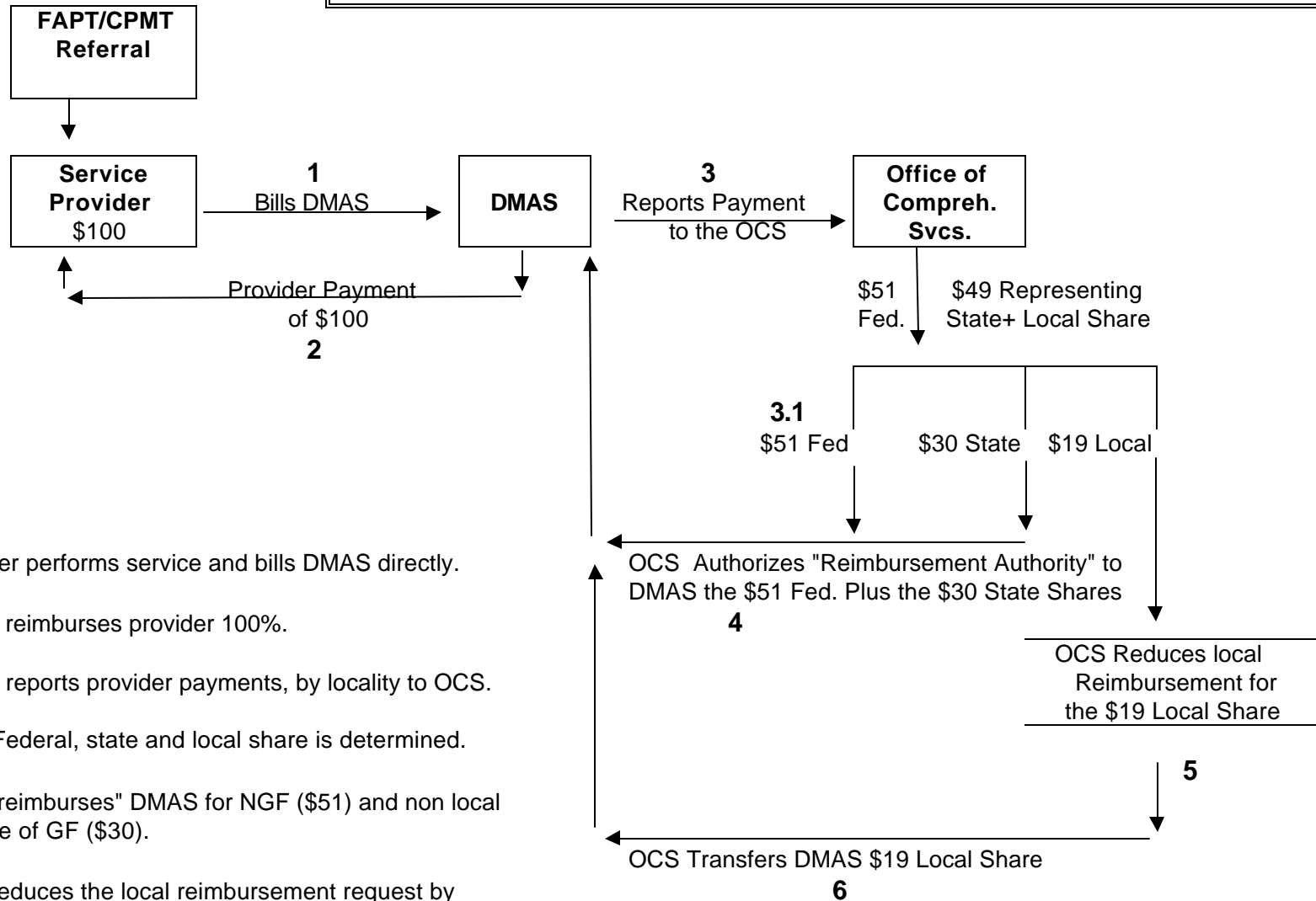


COMPREHENSIVE SERVICES FOR AT-RISK YOUTH AND FAMILIES MEDICAID REIMBURSEMENT PROCESS

**STATE COST PER \$100 IS \$30 vs \$61 IF NOT USING MEDICAID FUNDING.
LOCAL COST PER \$100 IS \$19 vs \$39 IF NOT USING MEDICAID FUNDING.**



1. Provider performs service and bills DMAS directly.
2. DMAS reimburses provider 100%.
3. DMAS reports provider payments, by locality to OCS.
 - 3.1 Federal, state and local share is determined.
4. OCS "reimburses" DMAS for NGF (\$51) and non local share of GF (\$30).
5. OCS reduces the local reimbursement request by the local share.
6. OCS "reimburses" DMAS for the local share once collected.